

MARYLAND STATE ETHICS COMMISSION

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Annapolis, Maryland 21401
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**FINANCIAL DISCLOSURE STATEMENT
FORM 19 - LEGISLATORS**

NAME:	Michael Erin Busch		
TRACKING NUMBER:	97019	VERSION:	ELECTRONIC
FILING YEAR:	2011	APPLICATION TYPE:	APP
DATE CREATED:	04/30/2012 10:40 AM	DATE SUBMITTED:	04/30/2012 11:00 AM

Do you wish to be notified if someone looks at your form? Yes

Schedule A - Real Property Interests**1. What is the address or legal description of the property?**

(Enter the street address, if you know it. If the property is your primary residence, you may enter the lot and block legal description instead, if you wish.)

Street Address: 207 McKendree Avenue
City: Annapolis State: MD
Zip Code: 21401

2. What kind of property is it?

(for example Improved: single-family house, leased, apartment, or commercial property, Unimproved: vacant lot, etc.)

Home Residence

3. Is the interest held directly by you or is it attributable to you?

Direct

4. Are you the owner or tenant?

Owner

5. Do you hold the interest solely or is it jointly held with another?

Tenancy by the entirety (with spouse)

Name of spouse: Cynthia Busch

6. Are there any legal conditions or encumbrances on the property?

(for example, mortgage, liens, contracts, options etc.)

Yes

6 a. What is the name of the lender, creditor, lien holder, etc?

Branch Banking & Trust (BB&T);

If other, please specify (if more than one, use semicolon [;] as a separator): N/A

7. What year was the property acquired?

1997

8. How was the property acquired? (For example, purchase, gift, will, etc.)

Purchase

9. From whom was the property acquired?

(Name of individual or entity from whom you purchased or inherited the property)

Sarah Viccellio

10. What consideration was given when the property was acquired?

(dollar amount paid or, if you received the property as a gift or inherited it, the fair market value at the time you acquired your interest in the property)

Consideration paid or Fair Market Value: \$150,000 to \$199,999

11. Have you transferred any interest in this property during the reporting period?

No

Schedule B - Interests in Corporations and Partnerships

1. What is the name of the entity? Include the complete name of the entity, do not identify solely by trading symbol.

Name: *Legg Mason Equity Funds*

2. Is the entity publicly traded?

Yes

3. Is the interest held directly by you or is it attributable to you?

Direct

4. Do you hold the interest solely or is it jointly held with another?

With Spouse

5. What is the type of interest and its dollar value or the number of shares? (example: notes, bonds, puts, calls, straddles, purchase options, etc.)

Type: *Mutual Funds*

If other, please specify: *N/A*

Value: *\$10,000 to \$14,999* or *N/A* Shares

6. Are there any legal conditions or encumbrances that apply to your interest in the entity? (for example, mortgage, liens, contracts, options etc.)

No

7. Did you acquire an interest in the entity during the reporting period?

No

8. Have you transferred any interest in this entity during the reporting period?

No

Schedule B - Interests in Corporations and Partnerships

1. What is the name of the entity? Include the complete name of the entity, do not identify solely by trading symbol.

Name: *Empire Corporation*

2. Is the entity publicly traded?

No

Street Address:
(only if entity is not publicly traded)

Empire Towers Bldg.

City:

Glen Burnie

State:

MD

Zip Code:

21061

3. Is the interest held directly by you or is it attributable to you?

Direct

4. Do you hold the interest solely or is it jointly held with another?

Solely

5. What is the type of interest and its dollar value or the number of shares? (example: notes, bonds, puts, calls, straddles, purchase options, etc.)

Type: *Stock*

If other, please specify: *N/A*

Value: *\$10,000 to \$14,999*

or *N/A* Shares

6. Are there any legal conditions or encumbrances that apply to your interest in the entity?
(for example, mortgage, liens, contracts, options etc.)

No

7. Did you acquire an interest in the entity during the reporting period?

No

8. Have you transferred any interest in this entity during the reporting period?

No

Schedule C - Interests in Non-Corporate Business Entities Doing Business with the State

1. Name and address of the principal office of the business entity?

(Include complete name and full address, including city, state and zip code)

Name: N/A
Street Address: N/A
City: N/A State: N/A
Zip Code: N/A

2. Is the interest held directly by you or is it attributable to you?

N/A

3. Do you hold the interest solely or is it jointly held with another?

N/A

Dollar value of the filer's interest in the entity: N/A

4. Are there any legal conditions or encumbrances that apply to your interest in the entity?
(for example, mortgage, liens, contracts, options etc.)

N/A

5. Was any interest acquired during the reporting year?

N/A

6. Did you transfer any of your interest during the reporting period?

N/A

Schedule D - Gifts

1. Who gave you the gift?

Name: *N/A*

2. What kind of gift was it?

(for example, cash, restaurant meal, theater ticket, book, etc.)

N/A

If Other, please describe. *N/A*

3. What was the value of the gift?

Dollar Amount \$ *N/A*

4. If the gift was given to someone else at your direction, list the identity of the recipient of the gift.

Name: *N/A*

Schedule E - Offices, directorships, salaried employment and similar interests

1. What is the name and address of the business entity?

Name: *Maryland Hall for the Creative Arts*
Street Address: *801 Chase Street*
City: *Annapolis* State: *MD*
Zip Code: *21401*

2. Who was the individual who held the position or interest listed above? (example, yourself, spouse, dependent child)

Spouse
Name: *Cynthia Busch*

3. What is the title of the office you held?

(for example, limited partner, director, treasurer, chair of the board of trustees, etc)

Title: *Board Member*

If other, please specify: *N/A*

4. What year did the position (directorship, salaried employment, etc) begin?

1997

5. With what State agency did the business entity do business?

Department of General Services;

If other, please specify: *N/A*

6. What was the nature of the business?

(example, regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

Involved with Sales & Contracts with the State

Schedule E - Offices, directorships, salaried employment and similar interests

1. What is the name and address of the business entity?

Name: *Annapolis Areas Ministries*
Street Address: *10 Hudson Street*
City: *Annapolis* State: *MD*
Zip Code: *21401*

2. Who was the individual who held the position or interest listed above? (example, yourself, spouse, dependent child)

Spouse
Name: *Cynthia Busch*

3. What is the title of the office you held?
(for example, limited partner, director, treasurer, chair of the board of trustees, etc)

Title: *Board Member*
If other, please specify: *N/A*

4. What year did the position (directorship, salaried employment, etc) begin?

2010

5. With what State agency did the business entity do business?

Department of General Services;
If other, please specify: *N/A*

6. What was the nature of the business?
(example, regulated by your agency, registered under the lobbying law, or involved with sales and contracts with the State)

Involved with Sales & Contracts with the State

Schedule F - Debts you owe

1. To whom did you owe the debt? (Do not include consumer credit debts)

Name: *Wells Fargo Bank*

If other, please specify: *N/A*

2. When was the debt incurred?

2008

3. What are the interest rate and terms of payment of the debt?

Interest Rate:

under 5 %

Terms:

Monthly

4. Select the appropriate amount to indicate amount of debt as of the end of the reporting period. If debt existed during the reporting period but was paid in full at the end of the period, select \$0.

\$1,000-\$9,999

5. How much did the principal of the debt increase or decrease during the reporting period?

Decreased

\$1,000-\$9,999

6. Was any collateral given for the debt?

Yes

6 a. Please select the type of collateral given.

Vehicle

If other, please specify: *N/A*

7. If this is a transaction in which you were involved, but which resulted in a debt being owed by your spouse or dependent child, identify your spouse or child and describe the transaction.

N/A

Name:

N/A

Transaction:

N/A

Schedule F - Debts you owe

1. To whom did you owe the debt? (Do not include consumer credit debts)

Name: *OTHER*

If other, please specify: *N/A*

2. When was the debt incurred?

2009

3. What are the interest rate and terms of payment of the debt?

Interest Rate:

Under 5 %

Terms:

Monthly

4. Select the appropriate amount to indicate amount of debt as of the end of the reporting period. If debt existed during the reporting period but was paid in full at the end of the period, select \$0.

\$1,000-\$9,999

5. How much did the principal of the debt increase or decrease during the reporting period?

Decreased

\$1,000-\$9,999

6. Was any collateral given for the debt?

Yes

6 a. Please select the type of collateral given.

Vehicle

If other, please specify: *N/A*

7. If this is a transaction in which you were involved, but which resulted in a debt being owed by your spouse or dependent child, identify your spouse or child and describe the transaction.

N/A

Name:

N/A

Transaction:

N/A

Schedule F - Debts you owe

1. To whom did you owe the debt? (Do not include consumer credit debts)

Name: *Branch Banking & Trust (BB&T)*

If other, please specify: *N/A*

2. When was the debt incurred?

2009

3. What are the interest rate and terms of payment of the debt?

Interest Rate:

5% - 7 1/2%

Terms:

Monthly

4. Select the appropriate amount to indicate amount of debt as of the end of the reporting period. If debt existed during the reporting period but was paid in full at the end of the period, select \$0.

\$100,000 and Over

5. How much did the principal of the debt increase or decrease during the reporting period?

Decreased

\$1,000-\$9,999

6. Was any collateral given for the debt?

Yes

6 a. Please select the type of collateral given.

Home

If other, please specify: *N/A*

7. If this is a transaction in which you were involved, but which resulted in a debt being owed by your spouse or dependent child, identify your spouse or child and describe the transaction.

N/A

Name:

N/A

Transaction:

N/A

Schedule G - Family Members Employed by the State

1. What is the relation and name of the immediate family member employed by the State?

N/A

Name:

N/A

2. What is the name of the agency that employed the member of your immediate family?

N/A

If other, please specify: *N/A*

3. What was the title of your immediate family member's position in the State agency during the reporting period?

N/A

Schedule H - Employment/Business Ownership

1. If, during the reporting period, you or a member of your immediate family had employment from which you earned income, list the relation, name and address of the employment. You need only report the source of earned income for your dependent child if the entity employing your dependent child was subject to regulation by or did business with the agency.

Relation:	Self		
Name of Employer:	Anne Arundel County Dept. of Recreation and Parks		
Street Address:	P.O. Box 6675		
City:	Annapolis	State:	MD
Zip Code:	21401		

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

N/A			
Relation:	N/A		
Name of Business Entity:	N/A		
Street Address:	N/A		
City:	N/A	State:	N/A
Zip Code:	N/A		

Schedule H - Employment/Business Ownership

1. If, during the reporting period, you or a member of your immediate family had employment from which you earned income, list the relation, name and address of the employment. You need only report the source of earned income for your dependent child if the entity employing your dependent child was subject to regulation by or did business with the agency.

Relation:	Spouse		
Name of Employer:	Anne Arundel County Public Schools		
Street Address:	2644 Riva Road		
City:	Annapolis	State:	MD
Zip Code:	21401		

2. If, during the reporting period, you or a member of your immediate family wholly or partially owned any business entity from which income was earned, list the relation, name and address of the business entity.

N/A			
Relation:	N/A		
Name of Business Entity:	N/A		
Street Address:	N/A		
City:	N/A	State:	N/A
Zip Code:	N/A		

Schedule I - Disclosure of Interest - Representation Before a State or Local Agency

I am representing or represented for compensation

Name: *N/A*

as an *N/A*

before *N/A*

on *N/A N/A*

for the following consideration: \$ *N/A*

Schedule J - Disclosure of Interest: Financial Relationship with The State or a Local Government

I have entered into a financial relationship with *Anne Arundel Dept. of Recreation and Parks*
to (Position of Employment, Services Performed, or Details of Transaction Entered Into)

Assistant to the Director of Recreation and Parks

for the following consideration: \$ *120,000.00* **

** NOTE: A legislator is prohibited by law from being directly involved in negotiations, discussions, or other contacts with a government entity as to a procurement contract in which the legislator has a financial interest.

Schedule K - Disclosure of Interest: Interest in a Business Regulated by a State Agency

I hereby report that I and/or Name of Immediate Family Member

First: *N/A* MI: *N/A* Last: *N/A*

my *N/A* together or separately own a reportable interest in:

N/A

This business entity is subject to regulation by : *N/A*

